guidance on how clinicians should approach a conversation with patients about economic value. **CONCLUSIONS:** Our review demonstrates that efforts to incorporate economic data to support clinical decision-making are still in its early stages. A number of societies consider basic cost or burden elements as part of topic selection or recommendation formulation. None of the reviewed societies have systemically incorporated economic assessment in a manner that would enable the physician and the patient to jointly make an informed decision based on value. Researchers have a clear role to play in helping guideline developers incorporate the patient perspective in discussions of cost/cost-effectiveness, and helping physicians develop tools to communicate value.

HEALTH CARE USE & POLICY STUDIES – Quality of Care

PHP298
HEALTH TECHNOLOGICAL SUPPORTS TO DETECT MEDICATION ERRORS: THE SANIARP CASE-STUDY

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OBJECTIVES: Health information technologies represent a valuable tool to promote a better use of medicines and optimize health expenditure. The purpose of this study is to assess advantages provided by the use of technological supports to detect medication errors (MEs) in a community setting. **METHODS:** In 2011, the Local Health Unit (LHU) Caserta established an innovative web platform, the Saniarp PHT. This platform allows tracking of drug prescriptions included in the Hospital-Territory Formulary (PHT), and puts in network medical specialists working in Prescribing Centers of regional relevance, community pharmacies and General Practioners (GPs). Through this platform, LHU can perform real time checks on prescription, distribution and inventory of PHT drugs. A multidisciplinary team checks each prescription that LHU received and confirm or not the distribution. A retrospective cross-sectional analysis was performed (Sept 2013-Sept 2014) to evaluate frequencies and types of ME occurred during the observation period. MEs were then classified according to MedDRA Preferred Term Groups on the basis of Draft World Health Organization (WHO) ME Classification. **RESULTS:** During the observation period, 1233 MEs were detected. The most frequent MEs were "Circumstance or information capable of leading to medication error" (n=761, 61,7%), followed by "Intercepted drug prescribing error" (n=194, 15,7%). The main anatomical groups most frequently associated with MEs were nervous system agents (48%), antineoplastic and immunomodulating agents (16%) and systemic anti-infectives agents (11,5%). **CONCLUSIONS:** Preventing MEs is important not only for patients' safety, but also to optimize financial resources. Our data show that technological supports give consistent advantages in the MEs' detection. Moreover, these tools are useless if not associated with a professional figure like pharmacist, or, even better, a multidisciplinary team.

PHP299
A STUDY ON HEALTH CARE PROFESSIONAL'S SENSE OF ETHICS IN JAPAN

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OBJECTIVES: Japan Council for Quality Health Care (JCQHC) is the only organization to accredit hospitals according to its evaluation standard in Japan. This study aims to explore the association between accreditation scores on health care quality, patient safety and medical ethics, and the hospital characteristics. **METHODS:** As of March 2nd, 2012, 2,437 hospitals were accredited by JCQHC. In those hospitals, 848 hospitals have been participating in the public disclosure. Out of 848, we extracted 454 hospitals accredited according to version 5.0 JCQHC evaluation standards from the JCQHC database and we evaluated their scoring about 2nd area of "patients' rights and systems for securing patient safety". The accreditation surveyors rated each item from 1 (poor) to 5 (excellent). **RESULTS:** The 454 hospitals included 41 university hospitals (UHs) and 411 general hospitals (GHs). The mean scores for 411 GHs and 41 UHs of 2.1.2 "Policy on professional ethics is clearly indicated" were 3.46±0.518 and 3.41±0.499 (p=0.593). And those of 2.1.3 "Policy on clinical ethics is clearly indicated" were also 3.22±0.478 and 3.37±0.488 (p=0.070). There were statistically no significance between GHs and UHs. Similarly, the mean scores for 411 GHs and 41 UHs of 2.1.4 "Policy on clinical trial studies is clearly indicated" were 3.87±0.368 and 4.00±0.224 (p=0.027). And, those of 2.1.5 "Policy on clinical researches is clearly indicated" were 3.75±0.473 and 3.93±0.264 (p=0.018). There were statistically significances between two hospital groups. Furthermore, there were statistically significances between the items of ethics and research respectively (p<0.001). Hence, the scores of items of clinical ethics have to be patient-centered were lower, but those of items regarding researches and trials. **CONCLUSIONS:** These findings led to the conclusion that health care professional at university hospitals might lack a sense of ethics and be more interested in clinical researches than general hospitals.

HEALTH CARE USE & POLICY STUDIES – Regulation of Health Care Sector

PHP300
THE 5-YEARS EUROPEAN PRICE STABILITY AWARDED TO INNOVATIVE MEDICINES: IS IT VERIFIED IN PRACTICE?

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OBJECTIVES: Admission to reimbursement in France for drugs is implemented conventionally through framework agreements between the industrial association (LEEM) and the Economic Committee (CEPS) encompassing price setting, expenditure regulation and industrial policy. According to the agreement currently enforced, prices for medicines awarded an ASMR (additional medical benefit) rating of I to III, and those with an ASMR IV in relation to medicines recently rated at ASMR levels I to III, will not be lower than the lowest price in the 4 main reference EU markets, for 5 years. Our aim is to assess whether this price guarantee has been respected for price cuts published in the Official Journal between January 2013 and July 2015. **METHODS:** Based on MAPI® database collecting price cuts and ASMR ratings, we screened medicines granted relevant ASMRs, and identify those affected by at least one price cut within the 5-years period following their admission to reimbursement. **RESULTS:** As of June 11, 2015, amongst medicines with price cuts despite an ASMR I to III or IV granted in less than 5 years, 12 had been admitted to reimbursement for more than 5 years, recent ASMR being granted to extended indications. Within the 5 years following their reimbursement, price cuts were observed for only 4 medicines granted an ASMR III (abiraterone, boceprevir, telaprevir and vemurafenib) and 4 granted an ASMR IV (apixaban, denosumab, solifenacin and ulipristal acetate). **CONCLUSIONS:** Overall, the 5-years price stability for innovative medicines fulfilling the criteria set by the agreement is verified, price cuts concerning mainly mature products. Price cuts for qualified medicines within the first 5 years may be due to changes in prices in reference countries, budget impact concerns or other reasons kept confidential.

PHP301
EFFICIENCY ASSESSMENTS OF PHARMACEUTICALS AND MEDICAL DEVICES IN FRANCE: A 2 YEARS UPDATE

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OBJECTIVES: Since October 2013, companies are requested to submit a cost-effectiveness analysis when applying to reimbursement for pharmaceuticals or medical devices and claiming from a major to a moderate additional medical benefit versus comparators (ASMR/ASA/ASR I-III). Efficiency appraisals are published after completion of the procedure and prices made public. They include critics of the methodology classified as minor, important and/or major limitations. Our aim is to present an analysis of these appraisals. **METHODS:** Results of appraisals in terms of ICERs and limitations will be presented along with the medical assessment (target population, therapeutic area, SMR/ASMR) and the annual treatment price. Limitations will also be detailed. **RESULTS:** As May 2015, a cost/effectiveness analysis was required for 28 pharmaceuticals and 1 medical device. Five (alemtuzumab, dolutegravir, riociguat, sofosbuvir, trastuzumab emtasine) have been published. They concern different therapeutic areas (pneumology, infectiology, oncology, neurology) and target populations (from 1,000 patients in CTEPH to 130,000 in hepatitis C). ASMR granted vary from IV to II, with one medicine granted a negative SMR. Efficiency has been assessed either for the full indication of the market authorization or only a restricted one. The ICERs varied from less than € 20,000 to almost € 200,000/QALY at companies requested prices, with treatment cost varying from € 6,000 to € 60,000. In case of major limitations, efficiency is not assessed, with negative impact on the following price negotiations. In case of important limitations, results have to be cautiously interpreted. **CONCLUSIONS:** These 5 published assessments provide key learnings about the French HTA body's expectations. More evidence impact on the price negotiation is expected with upcoming assessments to be published and through ICERs calculation with published prices.

PHP302
IRRATIONAL DRUG USE PATTERN IN HOSPITALS. A WARNING FOR HEALTH CARE SYSTEM

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OBJECTIVES: To asses and obtain data on the proper use of drugs and present irrational drug use pattern by medical practitioners that weather the patients receive the medicines, weather these are appropriate for their clinical needs, in proper doses, for appropriate periods of time, weather cost effective and were dispensed properly. **METHODS:** This study was designed to asses' irrational drug use pattern which is a great concern of the entire world and WHO in general and in our country in particular. For this study we used the WHO indicators utilizing the services of trainee Pharmacists in two major city Hospitals. This study was conducted from April, 15th 2014 to May, 14th 2014. Data was collected using patient's prescriptions and direct patient communication using a structured check list for the prescribing indicators including number of drugs per prescription, number of antibiotics, number of injections, number of steroids and number of food supplements. The patient care data was directly interpreted and analyzed over the dispensing counters. **RESULTS:** The results showed that in both hospitals (860 prescriptions), the average number of drugs per prescription were 5, the patients were prescribed antibiotics at least two antibiotics per prescription (40%), (The antibiotics were mainly Amoxicillin, Co-amoxiclav, Ciprofloxacin, Norfloxacin and Flouroquinolones. It was also observed that in some cases the antibiotics of choice were not recommended). The percentage of injections, steroids and food supplements were 20% each. The percentage of proper doses, proper timing, cost effectiveness and proper dispensing was 70%, 60%, 20% and 20% respectively. This irrational prescribing pattern/habit of the medical practitioners was observed in both the hospitals. **CONCLUSIONS:** This study indicates that this type of irrational practice is the reflection of state and regulatory affairs in the country which need strict regulations and strategies for drug prescriptions and dispensing including the utilization of services of more Pharmacists.

PHP303
LAW PROJECT 7169/2014 AND HEALTH POLICY IN BRAZILIAN SUPPLEMETARY SECTOR

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OBJECTIVES: To discuss about the LP 7169/2014, the new Law Project that wants to regulate the conflicts' mediation in Brazil, and to describe the successful experience of the conflicts' mediation between health plans and consumers promoted